

## Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Title:: SLIDER WITH RECESSED PRESSURIZATION  
SURFACES  
Attorney Docket Number:: S01.12-1007/STL 11516  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: FIG. 1  
Total Drawing Sheets:: 6  
Small Entity?:: No  
Petition included?:: No  
Petition Type::

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Given Name:: Ram M.  
Family Name:: Rao  
Name Suffix::  
City of Residence:: Shoreview  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing address:: 332 Oakwood Drive  
City of Mailing address:: Shoreview  
State of Province of mailing address:: MN  
Country of mailing address::  
Postal or Zip Code:: 55126

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Given Name:: Zine-Eddine  
Family Name:: Boutaghou  
Name Suffix::  
City of Residence:: North Oaks  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing address:: 4 Shadow Lane  
City of Mailing address:: North Oaks  
State of Province of mailing address:: MN  
Country of mailing address::  
Postal or Zip Code:: 55127

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Given Name:: John R.  
Family Name:: Pendray  
Name Suffix::  
City of Residence:: Edina  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing address:: 400 Parklawn Avenue, #326  
City of Mailing address:: Edina  
State of Province of mailing address:: MN  
Country of mailing address::  
Postal or Zip Code:: 55435

**Correspondence Information**

Name:: **Bryan F. Erickson**  
Street of mailing address:: Westman, Champlin & Kelly  
900 Second Avenue South, Suite 1600  
City of mailing address:: Minneapolis  
State or Province of mailing address:: MN  
Postal or Zip Code of mailing address:: 55402-3319  
Phone number:: 612/334-3222  
Fax number:: 612/334-3212  
E-Mail address:: **berickson@wck.com**

**Representative Information**

Representative Customer Number::	000027365	
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation-in-part of	09/832,050	4/10/01
09/832,050	Non-Provisional of	60/196,664	4/12/00

**Assignee Information**

Assignee name:: Seagate Technology LLC  
Street of mailing address:: 920 Disc Drive  
City of mailing address:: Scotts Valley  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95066